## Department of Labor and Industries This form must be completed by a Vocational Rehabilitation Counselor who has received a referral from the state fund.

\*\*\*\* Counselor is responsible for sending



1st 52 WEEK PERIOD

**Modification** 

TRAINING	PLAN COST	<b>ENCUMBRA</b>	NCE

**Original** 

rovider No.	Vendor Name	Vendor Name	Claim Number  Expended Funds	
	Vendor Name	Vendor Name	Expended Funds	
Provider No			<ul> <li>Expended Funds</li> </ul>	
Provider No			per RVRE:	Total L&I
10.1401 110.	Provider No.	Provider No.	(attach copy)	Funds
rom: o:	From: To:	From: To:		
•	o:	To:	o: To: To:	o: To: To:

## **NOTE:**

When vendor funds are reduced, the VRC must contact vendor to:

- 1) Make sure all billings are submitted and paid.
- 2) Notify the vendor that the amount authorized will be reduced.
- 3) Provide the vendor with a copy of the approved modified encumbrance form.

Company		Phone No.		FAX No.	
Assigned Vocational Counselor:		Date	Signature		
		For Dept. Use Only			
Vocation Services Consultant	Date	Phone No.	Signature		
Approved Not Approved					